# MONTGOMERY COUNTY ETHICS COMMISSION 100 Maryland Avenue, Room 204 Rockville, Maryland 20850

# Read instructions carefully before completing this form.

Period covered by this report: January 1 through June 30,

July 1 through December 31,

## PART A. LOBBYIST INFORMATION

Section 1. Lobbyist Identification

- a. Name
- b. Business Address

Section 2. Others who will lobby on behalf of the lobbyist identified above: **Name** Address

Section 3. Identification of Employer (if Lobbyist acts on behalf of another):

- a. Name
- b. Business Address
- c. Nature of Business

## PART B. LOBBYIST.S SIGNATURE

PART C. AUTHORIZATION TO ACT (to be completed by employer) I hereby certify that the information contained herein is correct and that

### Section 1.

(name and address of lobbyist) is hereby authorized on behalf of

#### Section 2.

(employer name and address)

Section 3. for the period , 20 thru , 20 As to the following matters:

- Section 4. 1.
  - 2.
  - 3.
  - 4.

Section 5. This authorization is given with the understanding that this authority may be terminated at a sooner time.

**Employer Signature** 

### PART D. COMPENSATION AND EXPENSES

Section 1. Meals and beverages for public employees or their immediate families.

Section 2. Special events, including parties, dinners, athletic events, entertainment, and other functions to which all members of the Council or the governing body of an agency are invited. (For each event list the date, location and total expense incurred and name of public employees who attended that event).

# **EVENT 1 Date of Event:**

Location:

Total Expense for Event:

Names of public employees attending:

#### EVENT 2 Date of Event:

Location:

Total Expense for Event:

Names of public employee attending

Please list each event separately. Use additional sheets of paper if necessary.

Section 3. Expenses for food, lodging, and scheduled entertainment of public employees given in return for participation in a panel or speaking engagement at a meeting. (List date, location, and total expenses for each meeting as well as the name of public employees who attended that meeting).

\$

#### EVENT 1 Date of Event:

Location:

Total Expense for Event:

Names of public employee attending:

### EVENT 2 Date of Event:

Location:

Total Expense for Event:

Name of public employee attending:

Please list each event separately. Use additional sheets of paper if necessary.

Section 4. Gifts to or for public employees or their relatives (not including sums reported in Sections 1, 2 and 3).

Section 5. Salaries compensate and reimbursed expenses for staff of the lobbyist. \$

Section 6. Office expenses not reported in Sections 5 and 10.

Section 7. Cost of professional and technical and research and assistance not reported in Sections 6 and 10.

Section 8. Cost of publication, which expressly encourage persons to communicate with public employees. Section 9. Names of witnesses and fees and expenses paid to each. Total of witness fees and expenses \$ Section 10. Total compensation paid to lobbyist (not including expenses reported in Sections 1 through 9). \$ Check here if the amount has been prorated because the lobbyist is compensated for services in addition to lobbying activities. Total of Section 1 through 10 Section 11. Other expenses PART E. BENEFICIARIES OF GIFTS WITH CUMULATIVE VALUE OF \$50 OR MORE WITHIN REPORTING PERIOD Title or Position Itemizable Gifts Name of Beneficiary (if family member of public employee, name of public employee and relationship) Date Amount or Value Nature PART F. SIGNATURE AND OATH

I solemnly swear or affirm under the penalties of perjury that the contents of this report

Signature of Person Filing: \_\_\_\_\_

including any attachments thereto, are complete, true and correct to the best of my knowledge.